



State of California  
**OFFICE OF REAL ESTATE APPRAISERS**

OREA USE ONLY		TYPE REMIT	
mis fees	<input type="checkbox"/> cc	<input type="checkbox"/> pc	
	<input type="checkbox"/> mo	<input type="checkbox"/> bc	
	<input type="checkbox"/> po		

**CHANGE NOTIFICATION AND MISCELLANEOUS REQUESTS**

*Read All Directions on the Reverse Side Prior to Completing this Form.*

<b>1. Type of Change</b>			
<input type="checkbox"/> Name \$10 fee	<input type="checkbox"/> Physical Residence Address	<input type="checkbox"/> Issue Duplicate License \$50 fee	
<input type="checkbox"/> Business Name \$10 fee	<input type="checkbox"/> Business Telephone Number	<input type="checkbox"/> Issue Certificate of Good Standing \$15 fee	
<input type="checkbox"/> Business Address	<input type="checkbox"/> Residence Telephone Number	<input type="checkbox"/> Issue Letter of License History \$40 fee	
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Duplicate Admission Letter \$10 fee		
<b>2. License Identification Number</b>		<b>3. Expiration Date</b>	<b>4. Social Security Number</b>
<b>5. Name (as it appears on current license)</b>			
Last		First	Middle
<b>6. New Name</b>			
Last		First	Middle
<b>7. New Business Name and Address of Record (Do not list a P.O. Box, Rural Route, or Star Route)</b>			
Name of Business		Number, Street and Suite Number	
City	County	State	Zip Code
<b>8. New Mailing Address</b>			
Number, Street and Suite Number			
City	County	State	Zip Code
<b>9. New Physical Home Address (Do not list a P.O. Box, Rural Route, or Star Route)</b>			
Number, Street and Suite Number			
City	County	State	Zip Code
<b>10. New Business Telephone Number</b>		<b>11. New Residence Telephone Number</b>	
( )		( )	

I, \_\_\_\_\_ (name), declare under penalty of perjury that the foregoing information and information provided on all attachments is correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any license and may subject me to criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 199 \_\_\_\_\_ at \_\_\_\_\_ (city or county) \_\_\_\_\_ (state).

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

**MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA**

**FOR OREA USE ONLY**

Sig:  
F/L:  
Response:  
By:

Date:

Comments:

**READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION**

- Do not write in shaded area.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- If you have any questions, please write to the address listed on this page or call (916) 322-2500.
- Check the appropriate "change" box on page one of this form.
- All out-of-state addresses require a completed and notarized *Consent to Service of Process* (REA 3006).
- Check all boxes that are applicable.
- Complete all information requested for each box checked.
- All fees must be paid by cashier's check, certified check, money order, or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Mail completed applications to:

**OFFICE OF REAL ESTATE APPRAISERS**  
**1225 R Street**  
**Sacramento, CA 95814-5812**

**INSTRUCTIONS**

**NAME CHANGE--**Complete items 1 through 6. Legal documentation, such as a copy of a court order, supporting your name change is required. A copy of a driver's license or social security card is NOT acceptable. Submit the appropriate fee. If a new certificate is desired, mark the box and submit the appropriate duplicate license fee in addition to the name change fee, and return your current certificate.

**BUSINESS NAME OR EMPLOYER CHANGE--**Complete items 1 through 4 and item 7. Submit the appropriate fee. Please Note: Your business name and employer name are public record.

**BUSINESS ADDRESS OF RECORD CHANGE--**Complete items 1 through 4 and item 7. This must be a physical address. The business address of record is mandatory information. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it). If a business address is not available your physical residence address may be provided. Please Note: Your business address is public record.

**MAILING ADDRESS CHANGE--**Complete items 1 through 4 and item 8. Please Note: Your Mailing address is public record.

**PHYSICAL RESIDENCE ADDRESS CHANGE--**Complete items 1 through 4 and item 7. This must be a physical address. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).

**BUSINESS TELEPHONE NUMBER CHANGE--**Complete items 1 through 4 and item 10. Please Note: Your business telephone number is public record.

**RESIDENCE TELEPHONE NUMBER CHANGE--**Complete items 1 through 4 and item 11.

**DUPLICATE ADMISSION LETTER--**The original letter issued by OREA must have been lost or destroyed. In the event the original is subsequently located it must be immediately returned. The duplicate admission letter will contain the same expiration date as the original. Submit appropriate fees.

**DUPLICATE LICENSE REQUEST--**The original certificate issued by OREA must have been lost or destroyed. In the event the original is subsequently located it must be immediately returned. Complete items 1 through 4. Submit appropriate fees.

**CERTIFICATE OF GOOD STANDING REQUEST--**Complete items 1 through 4. Submit the appropriate fees.

**LETTER OF LICENSE HISTORY REQUEST--**Complete items 1 through 4. Submit the appropriate fees.

**SOCIAL SECURITY NUMBER--**Your social security number is mandatory. OREA cannot issue licenses without a social security number issued by the U.S. Social Security Administration (Business and Professions Code Section 11340)